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**Bank Account Debit For Utility Bills**  
*(Please Print Legibly)*

Name:	_____	Bank Name:	_____
Social Security #:	_____	Bank Address:	_____
Service Address:	_____		_____
	_____	Bank Phone Number:	_____
Mailing Address:	_____		
	_____		
Phone Number:	_____	Checking or Savings:	_____
Customer ID:	_____	Bank Account Number:	_____
Location ID:	_____	Bank Routing Number:	_____

**Authorization Agreement**

I hereby authorize the City of Ashland and the financial institution designated in this application to debit the account I have specified for payment of my monthly service. I understand that a fee will be charged to my utility account for each request returned for non-sufficient funds. In addition, I understand that both the financial institution and the City of Ashland reserve the right to terminate this payment plan and / or my participation. I may elect to discontinue my enrollment in this plan by providing adequate written notice to the City of Ashland, P.O. Box 1839, Ashland, KY 41105-1839. Any changes to the information included in this form must be made by the primary account holder or authorized representative to the City of Ashland immediately for this payment plan to continue uninterrupted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please enclose a voided check or deposit slip with application.***

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FOR INTERNAL USE ONLY

\_\_\_\_\_  
Received / Entered By

\_\_\_\_\_  
Date